

**Designer: also send copy to Master Installer**

**FROM:** \_\_\_\_\_ Phone # ( )  
\_\_\_\_\_ FAX # ( )  
\_\_\_\_\_

**DESIGNER'S OSS PRE-INSTALLATION INSPECTION REPORT**  
(FOR STUB-OUT RELEASE)

To Be Completed by the Designer:

Site Design Application Activity Number **H**        Building permit # \_\_\_\_\_  
(i.e. for new construction)

Record ID Number **ON**

Site Address \_\_\_\_\_ Owner's Name \_\_\_\_\_  
(as appears on site design application)

Parcel #         Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Division # \_\_\_\_\_  
Subdivision # or name \_\_\_\_\_

Designer's/PE's Name \_\_\_\_\_ K.C.I.D.# \_\_\_\_\_ or State PE # \_\_\_\_\_  
(please print) (Not Company Name)

Master Installer's Name \_\_\_\_\_

Specify the type of OSS to be installed \_\_\_\_\_

Designer's pre-installation inspection requested on \_\_\_\_\_, 20 \_\_\_\_\_

Does the approved design specify that a pre-construction meeting is required?  
☐ Yes: Meeting conducted on \_\_\_\_\_, 20 \_\_\_\_\_ ☐ No

Water Supply

☐ Public: water service line to the parcel/property line is installed, operational, and approved.

☐ Individual Private Well/Spring:

\_\_\_\_\_ source location conforms with design

\_\_\_\_\_ source construction report (well log) is satisfactory

\_\_\_\_\_ source meets minimum water quantity requirements \*

\_\_\_\_\_ water quality tests results are in compliance \_\_\_\_\_ bacteria \_\_\_\_\_ nitrate \_\_\_\_\_ arsenic \*

On \_\_\_\_\_, 20 \_\_\_\_\_, I conducted a pre-installation inspection on the above site (property). Based upon this inspection, the site complies with the criteria of the approved design and Title 13.

Installation Conditions:

☐ Installation must not be attempted on this site during wet conditions.

Other: \_\_\_\_\_

\_\_\_\_\_  
(Designer's Signature)

\_\_\_\_\_  
(Date)

\* Applies to designs submitted after 4/19/99.

**For Health Department Use Only**

Remarks \_\_\_\_\_  
\_\_\_\_\_

Date Received